PART 1 Evaluation of information resource

TB & substance misuse: Guidance for substance misuse – key workers

 Kindly answer the q	uestions below	w BEFORE reading	g the leaflet.	
1. Please indicate w	<u>hether your an</u>	swers are based o	on leaflet for :	
Substance misu	ise & TB: Key w	vorker	Other	
<u>2. Have you read an</u>	<u>y leaflet on TB</u>	before?		
Yes 🗌	No 🗌	lf yes – where		
<u>3. Have you attende</u>	d any TB awar	<u>eness / events on</u>	<u>TB?</u>	
Yes 🗌	No 🗌	Not sure		
<u>4. Has anyone in yo</u>	ur care known	<u>anyone, to have h</u>	nad TB?	
Yes 🗌	No 🗌	lf yes – how m	any approximately per	year
5. How do you rate y	<u>/our knowledg</u>	e of TB?		
Very good	Good	Average 🗌	Below average	Poor
improve the	se resources i	for your benefit. A	est. The answers will I Il responses will be a u think is appropriate,	nonymous.
6. Which form of TB	is infectious?			
Liver Lung	g 🗌 🛛 Ly	ymph Node 🗌	Spine Bra	iin 🗌
<u>7. Do you think TB is</u>	s curable?			
Don't know 🗌	Yes 🗌	No]	

8. How long does TB treatment need to be given?

Don't know 🗌	6 – 9 days 🗌	6 – 9 weeks 🗌	6-9 months	6 – 9 years					
9. What are the symptoms of TB affecting the lungs?									

Itchiness
Persistent high temperature
Unexpected bone fractures
Heavy sweating at night
General & unusual sense of tiredness
Stomach cramping or bloating
Loss of weight
Cough – for a long time (2 -3 weeks or more)
Coughing up blood

10. What would you do if you suspected a client in your care has TB?

Do nothing Refer to their GP or a Specialist healthcare team (if they exist)

11. What would you do if you suspected a client in your care is diagnosed with TB?

Client / relative will be given tablets, and will be responsible for taking then	
You or member of your staff will be asked to watch the clients take their tablets	
Your client's progress will be monitored more closely	
TB treatment will not interfere with any other medication they may be on	
My colleagues will be at higher risk of getting infected	
The client should not share house hold items such as bed linen, crockery and utensils	
Pay for their medication	

12. How can you help the medical services?

Transfer the client to another hostel Provide information about the client's background Support DOT Contact the Public Health lab

Your professional background / organization:

Thank you for your co-operation, your participation is greatly appreciated and your efforts will help us improve the information resources we develop for you

Consent: I agree to take part in the above study and I understand that any information I provide will not be shared on an identifiable form and my participation is voluntary.